Case 11-11406-bif Doc 4

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B22A (Official Form 22A) (Chapter 7) (12/10)

In re Ruth E	Illen Kalinka	
	Debtor(s)	According to the information required to be entered on this statement
Case Number:		(check one box as directed in Part I, III, or VI of this statement):
	(If known)	☐ The presumption arises.
		■ The presumption does not arise.
		☐ The presumption is temporarily inapplicable.

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by \$707(b)(2)(C).

	Part I. MILITARY AND NON-CONSUMER DEBTORS
1A	Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
171	□ Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).
1B	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	☐ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.
1C	□ Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard
	a. □ I was called to active duty after September 11, 2001, for a period of at least 90 days and □ I remain on active duty /or/ □ I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;
	OR
	 b. □ I am performing homeland defense activity for a period of at least 90 days /or/ □ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed.

	Part II. CALCULATION OF M	ON	THLY INCO	Ml	E FOR § 707(b)(7	') E	XCLUSION	
	Marital/filing status. Check the box that applies ar	nd c	omplete the balance	ce o	f this part of this state	men	t as directed.	
	a. Unmarried. Complete only Column A ("De	ebto	r's Income'') for l	Lin	es 3-11.			
2	b. \square Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." Complete only column A (" Debtor's Income") for Lines 3-11.							
	c. ☐ Married, not filing jointly, without the declaration of separate households set out in Line 2.b above. Complete b ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.							
	d. Married, filing jointly. Complete both Colu					Spo		
	All figures must reflect average monthly income recalendar months prior to filing the bankruptcy case.						Column A	Column B
	the filing. If the amount of monthly income varied	dur	ing the six months				Debtor's	Spouse's
	six-month total by six, and enter the result on the ap	ppro	opriate line.				Income	Income
3	Gross wages, salary, tips, bonuses, overtime, com					\$	701.54	\$
4	Income from the operation of a business, profession enter the difference in the appropriate column(s) of business, profession or farm, enter aggregate number not enter a number less than zero. Do not include a Line b as a deduction in Part V.	Lin	ne 4. If you operate and provide details	e m s on	ore than one an attachment. Do			
		_	Debtor	_	Spouse			
	a. Gross receiptsb. Ordinary and necessary business expenses	\$	381.77 0.00	_				
	c. Business income		btract Line b from		e a	\$	381.77	\$
5	Rents and other real property income. Subtract I the appropriate column(s) of Line 5. Do not enter a part of the operating expenses entered on Line b	a nu	mber less than zer	o. 1	Do not include any			
	a. Gross receipts	\$	0.00		•			
	b. Ordinary and necessary operating expenses	\$	0.00			_		
	c. Rent and other real property income	Su	btract Line b from	Lin	e a	\$	0.00	\$
6	Interest, dividends, and royalties.					\$	0.00	
7	Pension and retirement income.					\$	0.00	\$
8	Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed. Each regular payment should be reported in only one column; if a payment is listed in Column A, do not report that payment in Column B.			rt paid for that ants paid by your	\$	0.00	\$	
9	Unemployment compensation. Enter the amount in However, if you contend that unemployment compensation benefit under the Social Security Act, do not list the or B, but instead state the amount in the space below	ensa e an	ation received by y	ou o	or your spouse was a			
	Unemployment compensation claimed to be a benefit under the Social Security Act Debtor	r \$	0.00 Sp	ous	e \$	\$	0.00	\$
10	Income from all other sources. Specify source and on a separate page. Do not include alimony or sep spouse if Column B is completed, but include all maintenance. Do not include any benefits received received as a victim of a war crime, crime against h domestic terrorism.	ara oth und	te maintenance pa er payments of ali der the Social Secu	ayn imo ırity	nents paid by your ny or separate Act or payments			
	a.	\$		\$				
	b.	\$		\$				
	Total and enter on Line 10					\$	0.00	\$
11	Subtotal of Current Monthly Income for § 707(b Column B is completed, add Lines 3 through 10 in					\$	1,083.31	\$

12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.	\$		1,083.31	
	Part III. APPLICATION OF § 707(b)(7) EXCLUSION				
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the n enter the result.	number 12 and	\$	12,999.72	
14	Applicable median family income. Enter the median family income for the applicable state and hou (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankrupt				
	a. Enter debtor's state of residence: PA b. Enter debtor's household size:	1	\$	44,172.00	
	Application of Section 707(b)(7). Check the applicable box and proceed as directed.		•		
The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII.					
	☐ The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of	this statement.			

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)						
16	Enter the amount from Line 12.	TION OF CURK	ENI I	WONTHLY INCOM	IE FOR § /0/(D)(A	\$
17	Marital adjustment. If you checked Column B that was NOT paid on a r dependents. Specify in the lines belo spouse's tax liability or the spouse's amount of income devoted to each protected box at Line 2.c, enter zero a. b. c. d. Total and enter on Line 17	egular basis for the how ow the basis for excludi- support of persons othe urpose. If necessary, li	usehold ing the (er than (expenses of the debtor or Column B income (such as the debtor or the debtor's d	the debtor's s payment of the ependents) and the	\$
18	Current monthly income for § 707	(b)(2). Subtract Line 1	17 from	Line 16 and enter the resu	lt.	\$
	Part V. CA	LCULATION O	F DEI	DUCTIONS FROM	INCOME	
	Subpart A: Ded	uctions under Stan	dards	of the Internal Revenu	e Service (IRS)	
National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.				\$		
National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B. Persons under 65 years of age Persons 65 years of age or older a1. Allowance per person b2. Number of persons				\$		
20A	Local Standards: housing and util Utilities Standards; non-mortgage exavailable at www.usdoj.gov/ust/ or the number that would currently be any additional dependents whom you	ities; non-mortgage expenses for the applical rom the clerk of the ballowed as exemptions	xpenses ble cour inkruptc	nty and family size. (This cy court). The applicable fa	information is mily size consists of	\$

20B	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. Do not enter an amount less than zero.					
	 a. IRS Housing and Utilities Standards; mortgage/rental expense b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42 	\$				
	c. Net mortgage/rental expense	Subtract Line b from Line a.	\$			
21	Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:					
	Local Standards: transportation; vehicle operation/public transpo	rtation expense	\$			
	You are entitled to an expense allowance in this category regardless of whether you use public transportation.	f whether you pay the expenses of operating a				
22A	Check the number of vehicles for which you pay the operating expension included as a contribution to your household expenses in Line 8. \square 0 \square 1 \square 2 or more.	ses or for which the operating expenses are				
	If you checked 0, enter on Line 22A the "Public Transportation" amor Transportation. If you checked 1 or 2 or more, enter on Line 22A the Standards: Transportation for the applicable number of vehicles in the Census Region. (These amounts are available at www.usdoj.gov/ust/	"Operating Costs" amount from IRS Local e applicable Metropolitan Statistical Area or	\$			
22B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for you public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)					
23	Local Standards: transportation ownership/lease expense; Vehicle you claim an ownership/lease expense. (You may not claim an owner vehicles.) 1 2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy Monthly Payments for any debts secured by Vehicle 1, as stated in Little and the result in Line 23. Posent enters are respectable at the result in Line 23. The section of the payment less than some large and the payment less than some large and the payment less than some large.	ship/lease expense for more than two e IRS Local Standards: Transportation court); enter in Line b the total of the Average				
	the result in Line 23. Do not enter an amount less than zero. a. IRS Transportation Standards, Ownership Costs	\$				
	Average Monthly Payment for any debts secured by Vehicle					
	b. 1, as stated in Line 42	Subtract Line b from Line a	\$			
24	c. Net ownership/lease expense for Vehicle 1 Subtract Line b from Line a. Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero.					
	a. IRS Transportation Standards, Ownership Costs	\$				
	Average Monthly Payment for any debts secured by Vehicle	\$				
	b. 2, as stated in Line 42 c. Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$			
	Other Necessary Expenses: taxes. Enter the total average monthly e	·	· ·			
25	state and local taxes, other than real estate and sales taxes, such as inc security taxes, and Medicare taxes. Do not include real estate or sale	ome taxes, self employment taxes, social	\$			

Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll 26 deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions. Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term 27 life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance. Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to 28 pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44. Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for 29 education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available. Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on 30 childcare - such as baby-sitting, day care, nursery and preschool. Do not include other educational payments. \$ Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by 31 insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34. \$ Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as 32 pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. **Do not include any amount previously deducted.** 33 Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32. \$ **Subpart B: Additional Living Expense Deductions** Note: Do not include any expenses that you have listed in Lines 19-32 Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents. 34 Health Insurance \$ a. \$ Disability Insurance Health Savings Account \$ Total and enter on Line 34. If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below: Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically 35 ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. \$ **Protection against family violence.** Enter the total average reasonably necessary monthly expenses that you 36 actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court. Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case 37 trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary. Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$147.92* per child, for attendance at a private or public elementary or secondary 38 school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.

^{*} Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.				\$
40	Continued charitable contributions. financial instruments to a charitable or			e form of cash or	\$
41	Total Additional Expense Deduction	s under § 707(b). Enter the total of I	Lines 34 through 40		\$
	S	ubpart C: Deductions for De	bt Payment		•
42	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, and state the Average Monthly Payment,				
	Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?	
	a.		\$	□yes □no	
			Total: Add Lines	-	\$
43	Other payments on secured claims. I motor vehicle, or other property necess your deduction 1/60th of any amount (payments listed in Line 42, in order to sums in default that must be paid in or the following chart. If necessary, list at Name of Creditor a.	sary for your support or the support of the "cure amount") that you must pay maintain possession of the property.' der to avoid repossession or foreclosu	f your dependents, yo the creditor in addition. The cure amount wou are. List and total any	u may include in on to the ld include any	\$
44	Payments on prepetition priority cla priority tax, child support and alimony not include current obligations, such	claims, for which you were liable at	by 60, of all priority cl	aims, such as	\$
45	issued by the Executive Office	apter 13 plan payment. strict as determined under schedules of United States Trustees. (This w.usdoj.gov/ust/ or from the clerk of		expense.	\$
46	Total Deductions for Debt Payment.	Enter the total of Lines 42 through 45	5.		\$
	Sı	ubpart D: Total Deductions f	rom Income		
47	Total of all deductions allowed under	r § 707(b)(2). Enter the total of Lines	33, 41, and 46.		\$
	Part VI. DE	TERMINATION OF § 707()	o)(2) PRESUMP	TION	
48	Enter the amount from Line 18 (Cur	rent monthly income for § 707(b)(2))		\$
49	Enter the amount from Line 47 (Total	al of all deductions allowed under §	707(b)(2))		\$
50	Monthly disposable income under §	707(b)(2). Subtract Line 49 from Line	e 48 and enter the resu	ılt.	\$
51	60-month disposable income under §	707(b)(2). Multiply the amount in Li	ine 50 by the number	60 and enter the	•

	Initial presumption determination. Check the applicable box and proceed as dir						
52	☐ The amount on Line 51 is less than \$7,025*. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.						
	☐ The amount set forth on Line 51 is more than \$11,725* Check the box for "statement, and complete the verification in Part VIII. You may also complete Par						
	$\hfill\square$ The amount on Line 51 is at least \$7,025*, but not more than \$11,725*. Co	omplete the remainder of Part VI (L	ines 53 through 55).				
53	Enter the amount of your total non-priority unsecured debt		\$				
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number	er 0.25 and enter the result.	\$				
55	Secondary presumption determination. Check the applicable box and proceed as directed. The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.						
	Part VII. ADDITIONAL EXPENSE	CLAIMS					
56	Other Expenses. List and describe any monthly expenses, not otherwise stated in you and your family and that you contend should be an additional deduction from 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All fi each item. Total the expenses.	your current monthly income und	er §				
	Expense Description	Monthly Amou	nt				
	a.	\$					
	b.	\$					
	c.	\$					
	d.	\$					
	Total: Add Lines a, b, c, and d	\$					
	Part VIII. VERIFICATION	N					
	I declare under penalty of perjury that the information provided in this statement in must sign.)	is true and correct. (If this is a join	t case, both debtors				
57	Date: February 26, 2011 Signature: /s/ Ruth Ellen Kalinka Ruth Ellen Kalinka (Debtor)						

^{*} Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 08/01/2010 to 01/31/2011.

Line 3 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Shecky's Live Inc.

Income by Month:

6 Months Ago:	08/2010	\$191.25
5 Months Ago:	09/2010	\$0.00
4 Months Ago:	10/2010	\$0.00
3 Months Ago:	11/2010	\$213.75
2 Months Ago:	12/2010	\$0.00
Last Month:	01/2011	\$0.00
	Average per month:	\$67.50

Line 3 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: George Rhodes Chiropractic

Income by Month:

6 Months Ago:	08/2010	\$0.00
5 Months Ago:	09/2010	\$0.00
4 Months Ago:	10/2010	\$0.00
3 Months Ago:	11/2010	\$0.00
2 Months Ago:	12/2010	\$2,284.75
Last Month:	01/2011	\$0.00
	Average per month:	\$380.79

Line 3 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Solvate.com

Income by Month:

3 Months Ago: 2 Months Ago:	11/2010 12/2010	\$0.00 \$1,132.50
Last Month:	01/2011	\$0.00
	Average per month:	\$188.75

Line 3 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Action Personnel

Income by Month:

income by Monus.		
6 Months Ago:	08/2010	\$0.00
5 Months Ago:	09/2010	\$285.00
4 Months Ago:	10/2010	\$0.00
3 Months Ago:	11/2010	\$0.00
2 Months Ago:	12/2010	\$0.00
Last Month:	01/2011	\$0.00
	Average per month:	\$47.50

Line 3 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Olgivy Action

Income by Month:

6 Months Ago:	08/2010	\$0.00
5 Months Ago:	09/2010	\$0.00
4 Months Ago:	10/2010	\$102.00
3 Months Ago:	11/2010	\$0.00
2 Months Ago:	12/2010	\$0.00
Last Month:	01/2011	\$0.00
	Average per month:	\$17.00

Line 4 - Income from operation of a business, profession, or farm

Source of Income: self employment - design work

Income/Expense/Net by Month:

_	Date	Income	Expense	Net
6 Months Ago:	08/2010	\$675.00	\$0.00	\$675.00
5 Months Ago:	09/2010	\$300.00	\$0.00	\$300.00
4 Months Ago:	10/2010	\$450.00	\$0.00	\$450.00
3 Months Ago:	11/2010	\$577.50	\$0.00	\$577.50
2 Months Ago:	12/2010	\$0.00	\$0.00	\$0.00
Last Month:	01/2011	\$288.12	\$0.00	\$288.12
_	Average per month:	\$381.77	\$0.00	
			Average Monthly NET Income:	\$381.77

Non-CMI - Social Security Act Income

Source of Income: Pa welfare

Income by Month:

6 Months Ago:	08/2010	\$205.00
5 Months Ago:	09/2010	\$205.00
4 Months Ago:	10/2010	\$205.00
3 Months Ago:	11/2010	\$205.00
2 Months Ago:	12/2010	\$134.00
Last Month:	01/2011	\$205.00
	Average per month:	\$193.17

Non-CMI - Social Security Act Income

Source of Income: Food stamps

Income by Month:

6 Months Ago:	08/2010	\$200.00
5 Months Ago:	09/2010	\$200.00
4 Months Ago:	10/2010	\$0.00
3 Months Ago:	11/2010	\$0.00
2 Months Ago:	12/2010	\$0.00
Last Month:	01/2011	\$173.00
	Average per month:	\$95.50